

Final Printed Rule/Rate/Form Submission

**Take care to assure that all items are included with your filing.
Incomplete filings will be returned without review.**

Name of specific insurer submitting this filing: *Enter only one insurance company name. Submit an additional filing for each additional insurer.*

Filing Summary
(form FIS 0700 or 0800)
submission date

MM / DD / YY

NAIC Company Number

1. These items are attached to this form: *(select each that applies)*

- ☐ Final printed Rate/Rule manual pages
- ☐ Final printed Policy Forms/Endorsements/Riders

2 The caption (RE:) of the original filing cover letter is:**3. Are these final printed pages the same as draft pages submitted previously?**

- ☐ Yes, the final printed manual pages and policy forms are identical to the drafts they replace
- ☐ No, the final printed manual pages and policy forms contain the following editorial changes:
(only changes of an editorial nature will be accepted)

*Page or Policy Form number**Changes made*

BEFORE SENDING THIS FORM, CHECK TO ASSURE THAT COMPANY NAME AND SEQUENTIAL PAGE OR FORM NUMBER APPEARS ON EACH MANUAL PAGE AND POLICY FORM SUBMITTED.

4. Certification

I certify that to the best of my knowledge and belief, this filing fully conforms to the laws of the State of Michigan. This filing contains no provisions previously disapproved (or called to the attention of said insurer for correction or revision) by the Office of Financial & Insurance Services (or its predecessor, the Michigan Insurance Bureau), except as specifically noted.

Signature of Authorized Representative	Date signed	Authorized Representative name and title <i>(typed or printed)</i>
Authorized Representative EMail address		Authorized Representative phone number

PA 218 of 1956 requires completion of this form when final printed Michigan manual pages and policy forms are submitted after the original filing. Failure to file may result in withdrawal of approval of the original filing.

Send completed form with final printed manual
pages and/or policy form pages attached to:

Office of Financial & Insurance Services
PO Box 30220
Lansing MI 48909-7720

Our web address is: <http://cis.state.mi.us/ofis>
Our toll free phone number is 1-877-999-6442
For specific questions about the filing process,
please phone (517) 373-0242

